



CATEGORY II – HUMAN RESEARCH MINIMAL RISK CONSENT

To the Research Participant: Please read this consent form and the attached protocol and/or subject instructions carefully. Make sure all your questions have been answered to your satisfaction before signing.

- A. I agree to participate in the DAG-TM (2003 - 2004) CE5 / CE6 / CE11 Study
research experiment as described in the attached protocol or subject instructions. I understand that I am employed by QSS Group, Inc. who can be contacted at (650) 604-5118
- B. I understand that my participation could cause me minimal risk*, inconvenience, or discomfort.
The purpose and procedures have been explained to me and I understand the risks and discomforts as described in the attached research protocol.
- C. To my knowledge, I have no medical conditions, including pregnancy, that will prevent my participation in this study. I understand that if my medical status should change while I am a participant in the research experiment there may be unforeseeable risks to me (or the embryo or fetus if applicable). I agree to notify the Principal Investigator (PI) or medical monitor of any known changes in my condition for safety purposes.
- D. My consent to participate has been freely given. I may withdraw my consent, and thereby withdraw from the study at any time without penalty or loss of benefits to which I am entitled. I understand that the PI may request my withdrawal or the study may be terminated for any reason. I agree to follow procedures for orderly and safe termination.
- E. I am not releasing NASA from liability for any injury arising as a result of my participation in this study.
- F. I hereby agree that all records collected by NASA in the course of this study are available to the research study investigators, support staff, and any duly authorized research review committee. I grant NASA permission to reproduce and publish all records, notes, or data collected from my participation, provided there will be no association of my name with the collected data and that confidentiality is maintained, unless specifically waived by me.
- G. I have had an opportunity to ask questions and have received satisfactory answers to all my questions. I understand that the PI for the study is the person responsible for this activity and that any questions regarding the research will be addressed to him/her during the course of the study. I have read the above agreement, the attached protocol and/or subject instructions prior to signing this form and I understand the contents.

* **Minimal Risk** means that the probability and magnitude of harm or discomfort anticipated in the research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

X

Signature of Research Participant

Date

Signature of Principal Investigator

Date

X

Printed/Typed Name of Research Participant

W. Johnson

Printed/Typed Name of Principal Investigator

(650) 604-3667

Address

Telephone Number of Principal Investigator

NA

City, State, Zip Code

Subject Signature: Authorization for Videotaping

NA

Telephone Number of Test Subject

Subject Signature: Authorization for Release of Information to Non-NASA Source(s)